

Methods of clinical teaching

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Types of Teaching

- Pimping (the pedagogical device of questioning students in the clinical setting)
- Lecture
- Apprenticeship
- Mentorship

Locations for Teaching

Inpatient vs Outpatient

Pimping

- Generally defined as the clinical practice where persons in power ask questions of their junior colleagues
- Often occurs on rounds
 - Both teacher and learner are active
 - Patient-specific or hypothetical
- Warning: Fine line between educational quizzing and emotional depreciation

Lecture

- Teacher active but learner is passive



Apprenticeship

- Teacher passive but learner active
- Can occur on teaching rounds



Preceptorship

- Teacher active and learner passive
- Occurs in bedside teaching



Teaching in the Clinic



**In-depth Lectures
Seminars
Formal Educational Sessions
Extensive Discussion**

1-8

- Efficient and effective ambulatory care teaching requires that both the student and preceptor accept the limitations of the outpatient setting.
- Extensive discussions of differential diagnosis, pathophysiology and psychosocial problems are not possible nor necessarily desirable.

1-9

Bedside Presentations*

- Members of the team gathered in the **patient's room**
- The admitting intern or medical student **gives** the patient's **history** and the results of the **physical examination** performed on admission, with the **assessment** and **treatment** plan.
- A brief **dialogue** with the **patient** follows, allowing the team members to clarify the patient's **chief symptom** and **address unanswered questions** about the illness and the patient's further care.
- The **chief resident** may also examine the patient briefly, elaborate on the approach to the illness, and **discuss** the differential diagnosis.
- After this discussion, the medical team **gathers outside** the room to discuss more theoretical aspects of the case.

**Lehman L, N Eng J Med 1997;336:1150*

Bedside Presentations*

- Patients reported:
 - Doctors spent more time with them (10 vs. 6 min)
 - Perceptions of their care were slightly more favorable
 - Doctors were more likely to explain problems adequately

**Lehman L, N Eng J Med 1997;336:1150*

Bedside Presentations*

Bedside presentation patients reported:

- Did not provoke worry (88%)
- The practice should continue (82%)
- Helped them understand their illness (51%)
- Too much confusing medical terminology (46%)
- Perceived that the purpose of rounds was to teach and not to provide care (94%)

**Lehman L, N Eng J Med 1997;336:1150*

Improving Bedside Presentations*

- *Patients* should be given the opportunity to say *more*
- All physicians in room should *introduce* themselves
- Physicians should be more attentive to the presentations
- There should be fewer physicians in the room

**Lehman L, N Eng J Med 1997:336:1150*

Improving Bedside Presentations*

- The physicians should respect the patients *privacy* more
- Physicians should *ask permission* to present at the bedside
- Physicians should be *seated* during the presentation

**Lehman L, N Eng J Med 1997;336:1150*

Side-by-Side Teaching

- As the name implies, this technique involves working alongside the mentee in clinic.
- Mentor and mentee alternate duties of seeing and examining the patients, writing relevant information in patient's health record and ART file, and checking lab results.

Side-by-Side Teaching: Benefits

- Mentor can observe mentee at work and identify and address challenges
- Mentor acts as a role model when he/she is performing physical exam
- Patients are seen more quickly than if the mentee sees the patients alone
- Visits are more comprehensive and thorough
- Mentors do not feel like they are being watched, but rather supported by a colleague

“Example is not the main thing influencing others. It is the only thing.”

-Albert Schweitzer

Case Studies: Defined

- A training methodology that provides learners with an opportunity to apply new skills and knowledge to a simulated “real-life” situation
- Allows exploration of various strategies to address complex issues
- Requires learners to analyze the scenario, problem solve, and apply what they know to work through the case, much like they would in a clinic setting

Case Studies: Rationale

- Case studies are one of the most effective ways to train health care workers in the delivery of ART, particularly in multidisciplinary teams.
- Case studies can be used to role play best practices and effective health care worker behaviors.
- Effective case studies include adequate patient detail and specific decision points.
- Discussion of options is central to case studies.